

7. UNITED STATES GOVERNMENT

Memorandum

Tolson	_____
DeLoach	_____
Mohr	_____
Bishop	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

TO : Mr. DeLoach

DATE: May 28, 1968

FROM : A. Rosen

- 1 - Mr. DeLoach
- 1 - Mr. Rosen
- 1 - Mr. Malley
- 1 - Mr. McGowan
- 1 - Mr. Long
- 1 - Mr. Gale
- 1 - Mr. Sullivan

SUBJECT: MURKIN

This is the case involving the murder of Martin Luther King, Jr.

PURPOSE:

To recommend the Liaison Section contact the Secretary of Health, Education and Welfare to determine if a review of new applications received by them for Social Security Numbers can be conducted as it is possible that subject James Earl Ray has applied for a new Social Security Number since April 23, 1967.

BACKGROUND:

The subject James Earl Ray in a prior employment* utilized Social Security Number [redacted]. Our investigation disclosed that Ray has been gainfully employed only a few times and these have been for periods of short duration only. In view of his fugitive status and his past history of changing his identity, it is possible that he may apply for a new Social Security Number.

Our Baltimore Office advises that there are between three and four million Social Security applications received each year, the majority of these received during the summer months. Information including name, date of birth, sex, color or race is taken from the application and is placed on computer tape. The Social Security Administration is approximately eight weeks behind in recording this data. Our Baltimore Office advises that on the surface, to obtain the desired information appears to be a tremendous task; however, in view of the fact the computer tape stores eliminating information, it is possible to program the computer to obtain information regarding all white males over 30 years of age in a simplified manner.

* Glen Echo Country Club, St. Louis, Missouri, May, 1958;

REL:cs
(8)
79 JUN 18 1968
ENCLOSURE

REC 26 14-37761-4307

JUN 11 1968

CONTINUED - OVER

↓ ↓

SIX

Memo Rosen to DeLoach
RE: MURKIN

RECOMMENDATION:

1. The Secretary of Health, Education and Welfare should be contacted to determine if a review of new applications for Social Security Numbers can be made. It should be determined if a review of this nature can be handled, how many applications involved, what information is reported on these applications and how current the applications are.

This should be a survey type of request and upon receipt of this information, further recommendation will be instituted. *New Social Security Numbers are received at rate of 110,000 per week - the Tape is 2 mos behind + contains only the name and date of birth B.F.R. 6-11-68*

2. If approved, the Liaison Section should handle this matter as outlined above. The information from our Baltimore Office is not to be disseminated outside this Bureau, however, it may be used to appropriately handle an intelligent interview.

*done 6-11-68
B.F.R.*

Chen
JPM to you
R
VI
ix
mm
Q
H

APPLICATION FOR SOCIAL SECURITY NUMBER
 (Or Replacement of lost card)

Information furnished on this form is CONFIDENTIAL

Print in Black or Dark Blue Ink or Use Typewriter. (Middle Name or Initial - if none, draw line -)

Red line
 DO NOT WRITE IN THE ABOVE SPACE

See Instructions on Back.

1 Print FULL NAME YOU WILL USE IN WORK (Last Name) _____ (Middle Name or Initial - if none, draw line -) _____ (Last Name)

2 Print FULL NAME GIVEN YOU AT BIRTH (City) _____ (County if known) _____ (State) _____

3 PLACE OF BIRTH (City) _____ (State) _____

4 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) _____

5 FATHER'S FULL NAME (Regardless of whether living or dead) _____

6 YOUR DATE OF BIRTH (Month) (Day) (Year) _____

7 YOUR PRESENT AGE (Age on last birthday) _____

8 YOUR SEX MALE FEMALE

9 YOUR COLOR OR RACE WHITE NEGRO OTHER _____

10 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY, RAILROAD, OR TAX ACCOUNT NUMBER? NO YES (If "YES" Print STATE in which you applied and ALL you applied and SOCIAL SECURITY NUMBER if known) _____ (State) _____ (Zip Code) _____

11 YOUR MAILING ADDRESS _____

12 TODAY'S DATE _____

13 SIGN YOUR NAME HERE (Do Not Print) _____

Return completed application to nearest SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE
 HAVE YOU COMPLETED ALL 13 ITEMS?

127-11482-77

ENCLOSURE

Form SS-5 (12-64)

Return completed application to nearest SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

127-11482-77

ENCLOSURE